

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-03)

10-03-115

ITEM	AS FILED		AS AMENDED		AS ALLOWED		CANCELLATION	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								
2								
3		12						
4		121						
5		103						
6		121						
7		103						
8		121						
9		103						
10		121						
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50								
TOTAL IND.		1						
TOTAL DEP.		10						
TOTAL CHG.								